

PATS TESTING

The IRS test package will be used for California (PATS) testing where the scenario is applicable to the California Electronic Filing Program. It is anticipated that additional California forms and schedules will be added.

All of the IRS test scripts may be transmitted to California. However, only the following will be considered for PATS testing.

# 2 - 400-00-1002 MAPLE	#21 - 400-00-1021 CHARITY
# 3 - 400-00-1003 CANASTA	#23 - 400-00-1023 STILES
# 4 - 400-00-1004 EAU DE TOILETTE	#24 - 400-00-1024 RATT
# 6 - 400-00-1006 RICHARD	#30 - 400-00-1030 ITCHENNE
# 7 - 400-00-1007 WHY	#33 - 400-00-1033 STRANGE
# 8 - 400-00-1008 LUCKY	#34 - 400-00-1034 OFFSPRING
#10 - 400-00-1010 CAESAR	#35 - 400-00-1035 POLE
#14 - 400-00-1014 HUNTER	#37 - 400-00-1037 LEE
#15 - 400-00-1015 HOAGIE	#39 - 400-00-1039 SWEETTOOTH
#18 - 400-00-1018 ISLANDER	#40 - 400-00-1040 EDGEWOOD

Use the following guidelines in preparing California test returns.

- The SSN range will be 408001001 - 408009999
- State abbreviations on the 540 return must be CA
- Begin all zip codes for California cities with 95
- W-2's will be revised to include SDI or VPDI at a rate of .08% not to exceed \$254.14
- All W-2 State Employer ID numbers will be for California Employers and begin with CA

Individuals transmitting directly to the FTB must successfully complete 5 of the above test cases. One of each return type (540EZ, 540A, 540) should be included.

Software developers are required to successfully transmit the entire California PATS test package.

Additional details will be available in FTB PUB.1436 - 1996 Test Package for Electronic Filing of Individual Income Tax Returns.

TEST #2

FORMS INCLUDED:

FORM 540EZ, FORM W-2 (2)

FORM 540EZ:

Taxpayer SSN:	408-00-1002
Spouse SSN:	408-00-2002
First Name, Initial and Last Name:	TEST O MAPLE
Spouse First Name, Initial, and Last Name:	SUGAR E TEE
Home Address:	7842 WEEPING WILLOW LN
City, State, and Zip:	AUDUBON, CA 95106
Filing Status:	MFJ
Federal AGI:	9,129

Form W-2 #1:

b. Employer identification number:	22-9998882
c. Employer Name:	BRUSH PILES UNLIMITED
Address:	88 CAMOSA BRANCH
City, State & Zip:	AUDUBON, CA 95106
d. Employee SSN:	408-00-1002
e. Employee Name:	TEST O MAPLE
f. Employee Address:	7842 WEEPING WILLOW LN
City, State & Zip:	AUDUBON, CA 95106
Box 1 Wages, tips, etc:	4,400
Box 2 Federal income tax withheld:	200
Box 3 Social security wages:	4,400
Box 4 Social security tax withheld:	273
Box 5 Medicare wages and tips:	4,400
Box 6 Medicare tax withheld:	64
Box 16 State and state ID number:	CA 92333444
Box 17 State wages:	4,400
Box 18 State income tax withheld:	120
CASDI:	35

Form W-2 #2:

b. Employer identification number:	22-9997772
c. Employer Name:	AUDUBON COMMUNITY HOSPITAL
Address:	101 BEDPAN LANE
City, State & Zip:	AUDUBON, CA 95106
d. Employee SSN:	408-00-2002
e. Employee Name:	SUGAR E TEE
f. Employee Address:	7842 WEEPING WILLOW LN
City, State & Zip:	AUDUBON, CA 95106
Box 1 Wages, tips, etc:	4,729
Box 2 Federal income tax withheld:	320
Box 3 Social security wages:	4,729
Box 4 Social security tax withheld:	293
Box 5 Medicare wages and tips:	4,729
Box 6 Medicare tax withheld:	69
Box 15 Pension plan:	X
Box 16 State and state ID number:	CA 921212
Box 17 State wages:	4,729
Box 18 State income tax withheld:	170

CASDI:	38
OTHER:	Federal EIC indicator should be set
<u>TEST #3</u>	
FORMS INCLUDED:	FORM 540EZ, FORM W-2 (1)
FORM 540EZ:	
Taxpayer SSN:	408-00-1003
Spouse SSN:	408-00-2003
First Name, Initial and Last Name:	TEST Z CANASTA
Spouse First Name, Initial, and Last Name:	MARY M CANASTA
Home Address:	% ROYAL FLUSH 12 QUEEN OF HEARTS BLVD BLACKJACK, CA 95759
City, State, and Zip:	
Filing Status:	MFJ
Federal AGI:	2,9240
Unemployment compensation:	3,400
Form W-2 #1:	
b. Employer identification number:	64-1212121
c. Employer Name:	LAST UNION
Address:	273 WAJA ST
City, State & Zip:	BLACKJACK, CA 95759
d. Employee SSN:	408-00-1003
e. Employee Name:	TEST Z CANASTA
f. Employee Address:	12 QUEEN OF HEARTS BLVD BLACKJACK, CA 95759
Box 1 Wages, tips, etc:	25,840
Box 2 Federal income tax withheld:	2,400
Box 3 Social security wages:	25,840
Box 4 Social security tax withheld:	1,602
Box 5 Medicare wages and tips:	25,840
Box 6 Medicare tax withheld:	375
Box 16 State and state ID number:	CA 941313
Box 17 State wages:	25,840
Box 18 State income tax withheld:	1,620
CASDI:	207
OTHER:	Unemployment compensation

TEST #4

FORMS INCLUDED:

FORM 540EZ, FORM W-2 (1)

FORM 540EZ:

Taxpayer SSN:
First Name, Initial and Last Name:
Home Address:
City, State, and Zip:
Filing Status:
Can someone else claim you on their return:
Federal AGI:

408-00-1004
TEST A EAU DE TOILETTE
5 GOTTA SMELL GOOD ST
COLOGNE, CA 95322
SINGLE
YES
3,070

Form W-2 #1:

b. Employer identification number:

41-1212121

c. Employer Name:

TWINKIES OUTLET

Address:

385 N LOSS ST

City, State & Zip:

COLOGNE, CA 95322

d. Employee SSN:

408-00-1004

e. Employee Name:

TEST A EAU DE TOILETTE

f. Employee Address:

5 GOTTA SMELL GOOD ST

City, State & Zip:

COLOGNE, CA 95322

Box 1 Wages, tips, etc:

2,700

Box 3 Social Security wages:

2,700

Box 4 Social Security tax withheld:

167

Box 5 Medicare wages and tips:

2,700

Box 6 Medicare tax withheld:

39

Box 16 State and State ID Number:

CA 91212222

Box 17 State Wages:

2,700

Box 18 State Income tax withheld:

135

CASDI:

22

OTHER

Taxpayer can be claimed as a dependent on
another return

TEST #6

FORMS INCLUDED:

FORM 540A, FORM W-2 (1)

FORM 540A:

Taxpayer SSN:	408-00-1006
First Name, Initial and Last Name:	TEST D RICHARD
Home Address:	94022 PATRICIA CT
City, State, and Zip:	NIXON, CA 95424
Filing Status:	HOH
Name of Qualifying Person:	AMANDA RICHARD
Total number of exemptions:	1
State wages:	18,352
Federal AGI:	20,852
Unemployment compensation:	2,500
Standard Deduction	

Paid Preparer Info:

Self-employed:	X
Preparer SSN:	408-55-4006
Preparer Name:	MR ROBERTS
Firm Name:	ROBERTS ENTERPRISES
EIN:	88-6868686
Firm Address:	645 SALEM ST
City, State, and Zip	TAXINGPLACE, CA 95424

Form W-2 #1:

b. Employer identification number:	99-1242341
c. Employer Name:	US ARMY
Address:	12 MAIN ST
City, State & Zip:	WASHINGTON DC 20202
d. Employee SSN:	408-00-1006
e. Employee Name:	TEST D RICHARD
f. Employee Address:	94022 PATRICIA CT
City, State & Zip:	NIXON, CA 95424
Box 1 Wages, tips, etc.:	18,352
Box 2 Federal Income Tax Withheld:	1,280
Box 3 Social Security wages:	1,8352
Box 4 Social Security tax withheld:	1,138
Box 5 Medicare wages and tips:	18,352
Box 6 Medicare tax withheld:	266
Box 9 Advance EIC payment:	400
Box 13 See instructions:	Q 897
Box 15 Pension Plan:	X
Box 16 State and State ID Number:	CA 865461
Box 17 State Wages:	18,352
Box 18 State Income tax withheld:	400
CASDI:	146.82

OTHER:

Federal EIC indicator should be set

TEST #7

FORMS INCLUDED:

FORM 540A, FORM 1099-R (1)

FORM 540A:

Taxpayer SSN:	408-00-1007
Spouse SSN:	408-00-2007
First Name, Initial and Last Name:	TEST I WHY
Spouse Name, Initial and Last Name:	GWEN R KNOTT
Home Address:	12457 WILSHIRE-ON-THE-HAMPTONS BLVD
City, State, and Zip:	WYNOT, CA 95792
Filing Status:	MFJ
Senior Exemption:	2
Blind Exemption:	1
Total Exemptions:	5
Federal AGI:	18,512
Standard deduction	
Amount applied to 1997 estimated taxes:	100

Form 1099 #1:

Payer Name:	USED TO WORK HERE INC
Address:	1099 RETIREMENT BLVD
City, State & Zip:	WYNOT, CA 95792
Payer identification number:	47-1237132
Recipient identification number:	408-00-1007
Recipient Name: TEST I WHY	
Address:	12457 WILSHIRE-ON-THE-HAMPTONS BLVD
City, state & Zip:	WYNOT, CA 95792
Box 1 Gross distribution:	18,512
Box 2a Taxable amount:	18,512
Box 7 Distribution code:	7
Box 10 State tax withheld:	185
Box 11 State ID number:	CA 974152
Box 12 State distribution:	18,512

OTHER:

Partial overpayment applied to 1997 estimated taxes

TEST #8

FORMS INCLUDED:

FORM 540A, FORM W-2 (1)

FORM 540A:

First Name, Initial and Last Name:

TEST M LUCKY

Taxpayer SSN:

408-00-1008

Home Address:

13 WINNERS CIR

City, State, and Zip:

HORSE SHOE, CA 95742

Filing Status:

SINGLE

Dependent #1 Name:

GOTTABE LUCKY

Relationship:

SON

Dependent #2 Name:

WANNBE DIPHERANT

Relationship:

DAUGHTER

Total number of exemptions:

3

State wages:

28,654

Unemployment compensation:

2,760

Federal AGI:

30,780

Standard deduction:

Political Contribution to Republican Party:

5

Form W-2 #1:

b. Employer identification number:

56-8461312

c. Employer Name:

WINNING STABLES

Address:

RT 2 BOX 398

City, State & Zip:

HORSE SHOE, CA 95742

d. Employee SSN:

408-00-1008

e. Employee Name:

TEST M LUCKY

f. Employee Address:

13 WINNERS CIR

City, State & Zip:

HORSE SHOE, CA 95742

Box 1 Wages, tips, etc.:

28,654

Box 2 Federal income tax withheld:

2,800

Box 3 Social security wages:

28,654

Box 4 Social security tax withheld:

1,777

Box 5 Medicare wages and tips:

28,654

Box 6 Medicare tax withheld:

415

Box 16 State and state ID number:

CA 969532

Box 17 State wages:

28,654

Box 18 State income tax withheld:

2,000

CASDI:

229

OTHER:

Unemployment compensation

Political Contribution of \$5 to Republican Party

TEST #10

FORMS INCLUDED:

FORM 540A, FORM W-2 (1)

FORM 540A:

Taxpayer SSN:	408-00-1010
First Name, Initial and Last Name:	TEST J CAESAR
Home Address:	15 IDES OF MARCH PKWY
City, State, and Zip:	ROME, CA 95768
Filing Status:	QUALIFYING WIDOW(ER)
Year Spouse Died:	95
Senior Exemption:	1
Dependent #1 Name:	JULIUS BRUTUS
Relationship:	SON
Total number of exemptions:	4
State wages:	45,000
Federal AGI:	49,810
Social Security Benefits:	4,420
Standard deduction:	

Form W-2 #1:

b. Employer identification number:	95-1112223
c. Employer Name:	CALACTICAL STUDIOS
Address:	543 INDIGO PARK RD
City, State, Zip:	HOLLYWOOD, CA 91606
d. Employee SSN:	408-00-1010
e. Employee Name:	TEST J CAESAR
f. Employee Address:	15 IDES OF MARCH PKWY
City, State and Zip:	ROME, CA 95768
Box 1 Wages, tips, etc.:	45,000
Box 2 Federal income tax withheld:	4,500
Box 3 Social security wages:	45,000
Box 4 Social security tax withheld:	2,790
Box 5 Medicare wages and tips:	45,000
Box 6 Medicare tax withheld:	653
Box 15 Pension plan:	X
Box 16 State and state ID number:	CA 951111
Box 17 State wages:	45,000
Box 18 State income tax withheld:	1,400
CASDI:	254

OTHER:

Social Security Benefits
Senior Exemption

TEST #14

FORMS REQUIRED:

FORM 540, FORM 5805, SCH CA, W-2 (1)

FORM 540:

Taxpayer SSN:	408-00-1014
Spouse SSN:	408-00-2014
First Name, Initial and Last Name:	TEST T HUNTER
Spouse First Name, Initial and Last Name:	MORGAN M HUNTER
Home Address:	1234 LUKE THOMAS BLVD
City, State and Zip:	QUINTON, CA 95130
Filing Status:	MFJ
Dependent #1 Name:	DEERE HUNTER
Relationship:	SON
Dependent #2 Name:	RABBITTE HUNTER
Relationship:	SON
Dependent #3 Name:	SQUIRRELLE HUNTER
Relationship:	SON
Total number of exemptions:	5
State wages, tips, etc:	72,000
Federal AGI:	10,7596
Estimated tax payments:	200
	4/17/96 = 50
	6/15/96 = 50
	9/15/96 = 50
	1/15/97 = 50

Form W-2 #1:

b. Employer identification number:	63-1245000
c. Employer Name:	THE SLEEPING CAMEL TAVERN AND GRILL
Address:	16421-3441 NW SANDUNE-ON-THE DESERT
City, State & Zip:	QUINTON, CA 95130-3441
d. Employee SSN:	408-00-2014
e. Employee Name:	MORGAN M HUNTER
f. Employee Address:	1234 LUKE THOMAS BLVD
City, State & Zip:	QUINTON, CA 95130
Box 1 Wages, tips, etc.:	72,000
Box 2 Federal income tax withheld:	14,600
Box 3 Social security wages:	62,700
Box 4 Social security tax withheld:	3,887
Box 5 Medicare wages and tips:	72,000
Box 6 Medicare tax withheld:	1,044
Box 15 Pension plan:	X
Box 16 State and state ID number:	CA 639011
Box 17 State wages:	72,000
Box 18 State income tax withheld:	3,600
CASDI:	254.14

FORM 5805

PART II - LINE 5:	5,400
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OTHER:

EstimatedTaxPenalty

Taxpayer has Underpayment of

Federal 1040 attached indicator should be set.

Federal 1040 return should be attached.

TEST #15

FORMS REQUIRED:	FORM 540A, W-2 (20)
FORM 540A:	
Taxpayer SSN:	408-00-1015
Spouse SSN:	408-00-2015
First Name, Initial & Last Name:	TEST A HOAGIE
Spouse First Name, Initial, & Last Name:	TUNA S HOAGIE
Home Address:	838 BREAD ST
City, State, & Zip: City, State & Zip:	SANDWICH, CA 92563
Filing Status:	MFJ
Dependent #1 Name:	HANSEL HOAGIE
Relationship:	SON
Dependent #2 Name:	GRETEL HOAGIE
Relationship:	DAUGHTER
Total number of exemptions:	4
State wages, tips, etc:	36,150
Unemployment compensation:	1,200
Moving expenses:	571
Federal AGI:	37,249
Itemized or standard deduction:	
Form W-2 #1:	
b. Employer identification number:	04-9999001
c. Employer Name:	TOP DELI ONE
Address:	1 EAST MALL
City, State & Zip:	SANDWICH, CA 92563
d. Employee SSN:	408-00-1015
e. Employee Name:	TEST A HOAGIE
f. Employee Address:	838 BREAD ST
City, State & Zip:	SANDWICH, CA 92563
Box 1 Wages, tips, etc.:	1,500
Box 2 Federal income tax withheld:	150
Box 3 Social security wages:	1,500
Box 4 Social security tax withheld:	93
Box 5 Medicare wages & tips:	1,500
Box 6 Medicare tax withheld:	22
Box 16 State & state ID number:	CA 941001
Box 17 State wages:	1,500
Box 18 State income tax withheld:	5
CASDI:	12
Form W-2 #2:	
b. Employer identification number:	04-9999002
c. Employer Name:	TOP DELI TWO
Address:	2 WESTSIDE MALL
City, State & Zip:	SANDWICH, CA 92563
d. Employee SSN:	408-00-1015
e. Employee Name:	TEST A HOAGIE
f. Employee Address:	838 BREAD ST
City, State & Zip:	SANDWICH, CA 92563
Box 1 Wages, tips, etc.:	1,450
Box 2 Federal income tax withheld:	145

Box 3	Social security wages:	1,450
Box 4	Social security tax withheld:	90
Box 5	Medicare wages & tips:	1,450
Box 6	Medicare tax withheld:	21
Box 16	State & state ID number:	CA 941002
Box 17	State wages:	1,450
Box 18	State income tax withheld:	73
	CASDI:	12
Form W-2 #3:		
b.	Employer identification number:	04-9999003
c.	Employer Name:	TOP DELI THREE
	Address:	3 SOUTHERN MALL
	City, State & Zip:	SANDWICH, CA 92563
d.	Employee SSN:	408-00-1015
e.	Employee Name:	TEST A HOAGIE
f.	Employee Address:	838 BREAD ST
	City, State & Zip:	SANDWICH, CA 92563
Box 1	Wages, tips, etc.:	980
Box 2	Federal income tax withheld:	98
Box 3	Social security wages:	980
Box 4	Social security tax withheld:	61
Box 5	Medicare wages & tips:	980
Box 6	Medicare tax withheld:	14
Box 16	State & state ID number:	CA 941003
Box 17	State wages:	980
Box 18	State income tax withheld:	49
	CASDI:	8
Form W-2 #4:		
b.	Employer identification number:	04-9999004
c.	Employer Name:	TOP DELI FOUR
	Address:	4 NORTHEAST MALL
	City, State & Zip:	SANDWICH, CA 92563
d.	Employee SSN:	408-00-1015
e.	Employee Name:	TEST A HOAGIE
f.	Employee Address:	838 BREAD ST
	City, State & Zip:	SANDWICH, CA 92563
Box 1	Wages, tips, etc.:	670
Box 2	Federal income tax withheld:	67
Box 3	Social security wages:	670
Box 4	Social security tax withheld:	42
Box 5	Medicare wages & tips:	670
Box 6	Medicare tax withheld:	10
Box 16	State & state ID number:	CA 941004
Box 17	State wages:	670
Box 18	State income tax withheld:	33
	CASDI:	5
Form W-2 #5:		
b.	Employer identification number:	04-9999005
c.	Employer Name:	TOP DELI FIVE
	Address:	123 MAIN ST
	City, State & Zip:	SANDWICH, CA 92563
d.	Employee SSN:	408-00-1015
e.	Employee Name:	TEST A HOAGIE
f.	Employee Address:	838 BREAD ST

City, State & Zip:	SANDWICH, CA 92563
Box 1 Wages, tips, etc.:	1,110
Box 2 Federal income tax withheld:	111
Box 3 Social security wages:	1,110
Box 4 Social security tax withheld:	69
Box 5 Medicare wages & tips:	1,110
Box 6 Medicare tax withheld:	16
Box 16 State & state ID number:	CA 941005
Box 17 State wages:	1,110
Box 18 State income tax withheld:	56
CASDI:	9
Form W-2 #6:	
b. Employer identification number:	04-9999006
c. Employer Name:	TOP DELI SIX
Address:	206 DOWNTOWN WAY
City, State & Zip:	SANDWICH, CA 92563
d. Employee SSN:	408-00-1015
e. Employee Name:	TEST A HOAGIE
f. Employee Address:	838 BREAD ST
City, State & Zip:	SANDWICH, CA 92563
Box 1 Wages, tips, etc.:	980
Box 2 Federal income tax withheld:	98
Box 3 Social security wages:	980
Box 4 Social security tax withheld:	61
Box 5 Medicare wages & tips:	980
Box 6 Medicare tax withheld:	14
Box 16 State & state ID number:	CA 941006
Box 17 State wages:	980
Box 18 State income tax withheld:	49
CASDI:	8
Form W-2 #7:	
b. Employer identification number:	04-9999007
c. Employer Name:	TOP DELI SEVEN
Address:	457 SALAMI BLVD
City, State & Zip:	SANDWICH, CA 92563
d. Employee SSN:	408-00-1015
e. Employee Name:	TEST A HOAGIE
f. Employee Address:	838 BREAD ST
City, State & Zip:	SANDWICH, CA 92563
Box 1 Wages, tips, etc.:	1,050
Box 2 Federal income tax withheld:	105
Box 3 Social security wages:	1,050
Box 4 Social security tax withheld:	65
Box 5 Medicare wages & tips:	1,050
Box 6 Medicare tax withheld:	15
Box 16 State & state ID number:	CA 941007
Box 17 State wages:	1,050
Box 18 State income tax withheld:	53
CASDI:	8
Form W-2 #8:	
b. Employer identification number:	04-9999008
c. Employer Name:	TOP DELI EIGHT
Address:	108 PROVOLONE AVE
City, State & Zip:	SANDWICH, CA 92563

d. Employee SSN:	408-00-1015
e. Employee Name:	TEST A HOAGIE
f. Employee Address:	838 BREAD ST
City, State & Zip:	SANDWICH, CA 92563
Box 1 Wages, tips, etc.:	775
Box 2 Federal income tax withheld:	78
Box 3 Social security wages:	775
Box 4 Social security tax withheld:	48
Box 5 Medicare wages & tips:	775
Box 6 Medicare tax withheld:	11
Box 16 State & state ID number:	CA 941008
Box 17 State wages:	775
Box 18 State income tax withheld:	39
CASDI:	6

Form W-2 #9:

b. Employer identification number:	04-9999009
c. Employer Name:	TOP DELI NINE
Address:	109 SWISS ST
City, State & Zip:	SANDWICH, CA 92563
d. Employee SSN:	408-00-1015
e. Employee Name:	TEST A HOAGIE
f. Employee Address:	838 BREAD ST
City, State & Zip:	SANDWICH, CA 92563
Box 1 Wages, tips, etc.:	1,150
Box 2 Federal income tax withheld:	115
Box 3 Social security wages:	1,150
Box 4 Social security tax withheld:	71
Box 5 Medicare wages & tips:	1,150
Box 6 Medicare tax withheld:	17
Box 16 State & state ID number:	CA 941009
Box 17 State wages:	1,150
Box 18 State income tax withheld:	57
CASDI:	9

Form W-2 #10:

b. Employer identification number:	04-9999010
c. Employer Name:	TOP DELI TEN
Address:	110 KAISER ROLL CIR
City, State & Zip:	SANDWICH, CA 92563
d. Employee SSN:	408-00-1015
e. Employee Name:	TEST A HOAGIE
f. Employee Address:	838 BREAD ST
City, State & Zip:	SANDWICH, CA 92563
Box 1 Wages, tips, etc.:	540
Box 2 Federal income tax withheld:	54
Box 3 Social security wages:	540
Box 4 Social security tax withheld:	33
Box 5 Medicare wages & tips:	540
Box 6 Medicare tax withheld:	8
Box 16 State & state ID number:	CA 941010
Box 17 State wages:	540
Box 18 State income tax withheld:	27
CASDI:	4

Form W-2 #11:

b. Employer identification number:	04-9999011
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c. Employer Name:	TOP DELI ELEVEN
Address:	111 DIJON BLVD
City, State & Zip:	SANDWICH, CA 92563
d. Employee SSN:	408-00-1015
e. Employee Name:	TEST A HOAGIE
f. Employee Address:	838 BREAD ST
City, State & Zip:	SANDWICH, CA 92563
Box 1 Wages, tips, etc.:	1,090
Box 2 Federal income tax withheld:	109
Box 3 Social security wages:	1,090
Box 4 Social security tax withheld:	68
Box 5 Medicare wages & tips:	1,090
Box 6 Medicare tax withheld:	16
Box 16 State & state ID number:	CA 941011
Box 17 State wages:	1,090
Box 18 State income tax withheld:	54
CASDI:	9

Form W-2 #12:

b. Employer identification number:	04-9999012
c. Employer Name:	TOP DELI TWELVE
Address:	112 HOLD-THE-MAYO
City, State & Zip:	SANDWICH, CA 92563
d. Employee SSN:	408-00-1015
e. Employee Name:	TEST A HOAGIE
f. Employee Address:	838 BREAD ST
City, State & Zip:	SANDWICH, CA 92563
Box 1 Wages, tips, etc.:	925
Box 2 Federal income tax withheld:	92
Box 3 Social security wages:	925
Box 4 Social security tax withheld:	57
Box 5 Medicare wages & tips:	925
Box 6 Medicare tax withheld:	13
Box 16 State & state ID number:	CA 941012
Box 17 State wages:	925
Box 18 State income tax withheld:	46
CASDI:	7

Form W-2 #13:

b. Employer identification number:	04-9999013
c. Employer Name:	TOP DELI THIRTEEN
Address:	113 REUBEN DR
City, State & Zip:	SANDWICH, CA 92563
d. Employee SSN:	408-00-1015
e. Employee Name:	TEST A HOAGIE
f. Employee Address:	838 BREAD ST
City, State & Zip:	SANDWICH, CA 92563
Box 1 Wages, tips, etc.:	450
Box 2 Federal income tax withheld:	45
Box 3 Social security wages:	450
Box 4 Social security tax withheld:	28
Box 5 Medicare wages & tips:	450
Box 6 Medicare tax withheld:	7
Box 16 State & state ID number:	CA 941013
Box 17 State wages:	450
Box 18 State income tax withheld:	22
CASDI:	4

Form W-2 #14:

b. Employer identification number:	04-9999014
c. Employer Name:	TOP DELI FOURTEEN
Address:	114 CAFETERIA WAY
City, State & Zip:	SANDWICH, CA 92563
d. Employee SSN:	408-00-1015
e. Employee Name:	TEST A HOAGIE
f. Employee Address:	838 BREAD ST
City, State & Zip:	SANDWICH, CA 92563
Box 1 Wages, tips, etc.:	1,400
Box 2 Federal income tax withheld:	140
Box 3 Social security wages:	1,400
Box 4 Social security tax withheld:	87
Box 5 Medicare wages & tips:	1400
Box 6 Medicare tax withheld:	20
Box 16 State & state ID number:	CA 941014
Box 17 State wages:	1,400
Box 18 State income tax withheld:	70
CASDI:	11

Form W-2 #15:

b. Employer identification number:	04-9999015
c. Employer Name:	TOP DELI FIFTEEN
Address:	115 SALAD DRESSING PIKE
City, State & Zip:	SANDWICH, CA 92563
d. Employee SSN:	408-00-1015
e. Employee Name:	TEST A HOAGIE
f. Employee Address:	838 BREAD ST
City, State & Zip:	SANDWICH, CA 92563
Box 1 Wages, tips, etc.:	1,250
Box 2 Federal income tax withheld:	125
Box 3 Social security wages:	1,250
Box 4 Social security tax withheld:	78
Box 5 Medicare wages & tips:	1,250
Box 6 Medicare tax withheld:	18
Box 16 State & state ID number:	CA 941015
Box 17 State wages:	1,250
Box 18 State income tax withheld:	63
CASDI:	10

Form W-2 #16:

b. Employer identification number:	04-9999016
c. Employer Name:	TOP DELI SIXTEEN
Address:	116 SLICING PKWY
City, State & Zip:	SANDWICH, CA 92563
d. Employee SSN:	408-00-1015
e. Employee Name:	TEST A HOAGIE
f. Employee Address:	838 BREAD ST
City, State & Zip:	SANDWICH, CA 92563
Box 1 Wages, tips, etc.:	1,080
Box 2 Federal income tax withheld:	108
Box 3 Social security wages:	1,080
Box 4 Social security tax withheld:	67
Box 5 Medicare wages & tips:	1,080
Box 6 Medicare tax withheld:	16
Box 16 State & state ID number:	CA 941016

Box 17 State wages:	1,080
Box 18 State income tax withheld:	54
CASDI:	9
Form W-2 #17:	
b. Employer identification number:	04-9999017
c. Employer Name:	TOP DELI SEVENTEEN
Address:	117 HUNGRYMAN DR
City, State & Zip:	SANDWICH, CA 92563
d. Employee SSN:	408-00-1015
e. Employee Name:	TEST A HOAGIE
f. Employee Address:	838 BREAD ST
City, State & Zip:	SANDWICH, CA 92563
Box 1 Wages, tips, etc.:	1,900
Box 2 Federal income tax withheld:	190
Box 3 Social security wages:	1,900
Box 4 Social security tax withheld:	118
Box 5 Medicare wages & tips:	1,900
Box 6 Medicare tax withheld:	28
Box 16 State & state ID number:	CA 941017
Box 17 State wages:	1,900
Box 18 State income tax withheld:	95
CASDI:	15

Form W-2 #18:	
b. Employer identification number:	04-9999018
c. Employer Name:	TOP DELI EIGHTEEN
Address:	118 ROOT BEER AVE
City, State & Zip:	SANDWICH, CA 92563
d. Employee SSN:	408-00-1015
e. Employee Name:	TEST A HOAGIE
f. Employee Address:	838 BREAD ST
City, State & Zip:	SANDWICH, CA 92563
Box 1 Wages, tips, etc.:	1,800
Box 2 Federal income tax withheld:	180
Box 3 Social security wages:	1,800
Box 4 Social security tax withheld:	112
Box 5 Medicare wages & tips:	1,800
Box 6 Medicare tax withheld:	26
Box 16 State & state ID number:	CA 941018
Box 17 State wages:	1,800
Box 18 State income tax withheld:	90
CASDI:	14

Form W-2 #19:	
b. Employer identification number:	04-8855668
c. Employer Name:	PHILLY STEAK COUNTRY CLUB
Address:	341 GREEN GRASS RD
City, State & Zip:	GOLFCOURSE, CA 92432
d. Employee SSN:	408-00-2015
e. Employee Name:	TUNA S HOAGIE
f. Employee Address:	NINETEENTH HOLE
City, State & Zip:	GOLFCOURSE, CA 92432
Box 1 Wages, tips, etc.:	14,000
Box 2 Federal income tax withheld:	450
Box 3 Social security wages:	14,000
Box 4 Social security tax withheld:	868

Box 5 Medicare wages & tips:	14,000
Box 6 Medicare tax withheld:	203
Box 10 Dependent care benefits:	2,200
Box 13 See instructions:	P 500
Box 16 State & state ID number:	CA 9456789
Box 17 State wages:	14,000
Box 18 State income tax withheld:	370
CASDI:	112
Form W-2 #20:	
b. Employer identification number:	04-8855669
c. Employer Name:	MARGARETS HOUSE OF PANCAKES
Address:	65 BLUEBERRY LN
City, State & Zip:	SANDWICH, CA 92563
d. Employee SSN:	408-00-2015
e. Employee Name:	TUNA S HOAGIE
f. Employee Address:	838 BREAD ST
City, State & Zip:	SANDWICH, CA 92563
Box 1 Wages, tips, etc.:	2,000
Box 2 Federal income tax withheld:	250
Box 3 Social security wages:	2,000
Box 4 Social security tax withheld:	124
Box 5 Medicare wages & tips:	2,000
Box 6 Medicare tax withheld:	29
Box 10 Dependent care benefits:	200
Box 16 State & state ID number:	CA 9498765
Box 17 State wages:	2,000
Box 18 State income tax withheld:	230
CASDI:	16
OTHER:	Unemployment compensation Partially reimbursed moving expense

TEST #18

FORMS REQUIRED:

FORM 540, SCH CA, FORM 3805P, FORM 3540,
FORM 3885A, W-2 (1)

FORM 540:

Taxpayer SSN:	408-00-1018
First Name, Initial and Last Name:	TEST T ISLANDER
Home Address:	123 PLAY HERE ST
City, State, and Zip:	DESTIN, CA 95540
Filing Status:	HOH
Qualifying Name:	MICHAEL ISLANDER
Total number of exemptions:	1
State Wages:	2,000
Federal AGI:	13,436
Adjustments to Income:	18,000
Itemized deduction:	
Available Credit Carryover:	22
Political Contribution:	
Recycling Equipment:	350
Tax on qualified retirement plans:	

Form W-2 #1:

b. Employer identification number:	58-1244411
c. Employer Name:	NIGHT SERVICE
Address:	25 SHY STREET
City, State and Zip:	WAYDOWN, CA 95303
d. Employee SSN:	408-00-1018
e. Employee Name :	TEST T ISLANDER
f. Employee Address:	123 PLAY HERE ST
City, State and Zip:	DESTIN, CA 95540
Box 1 Wages, tips, etc:	2,000
Box 2 Federal income tax withheld:	240
Box 3 Social security wages:	2,000
Box 4 Social security tax withheld:	124
Box 5 Medicare wages and tips:	2,000
Box 6 Medicare tax withheld:	29
Box 16 State and State ID number:	CA 582222
Box 17 State wages:	2,000
Box 18 State income tax withheld:	48
CASDI:	16

Form 1099-R #1:

Payer Name:	CASHBACK
Address:	125 WEST AVENUE
City, State and Zip:	WAYDOWN, CA 95303
Payer identification number:	58-8383838
Recipient SSN:	408-00-1018
Recipient Name :	TEST T ISLANDER
Address:	123 PLAY HERE ST
City, State, and Zip:	DESTIN, CA 95540
Box 1 Gross dtribution:	3,000
Box 2a Taxable amount:	3,000
Box 4 Federal income tax withheld:	300

Box 7 Distribution code:	1
IRS/SEP:	X
Box 11 State ID number:	CA 5844433
Box 12 State distribution:	3,000
FORM 3540:	
CREDIT CODE 184(a):	22
CREDIT CODE 174(a):	350
FORM 3805P:	
NAME AND SSN:	TEST T ISLANDER 408-00-1018
PART I:	
LINE 1:	3,000
LINE 2 EXCEPTION #:	05
AMOUNT:	1,500
FORM 3885A:	Playground Equipment
OTHER:	Additional interest income of \$18,000 from the sale of Florida State bonds.

TEST #21

FORMS REQUIRED:

FORM 540, SCH CA, SCH D, SCH P,
FORM 3801, FORM 3803, (3), W-2 (2)

FORM 540:

Taxpayer SSN: 408-00-1021
Spouse SSN: 408-00-2021
First Name, Initial & Last Name: TEST L CHARITY
Spouse First Name, Initial, & Last Name: MARY B CHARITY
Home Address: 923 HOPE CT
City, State, & Zip: FAITH, CA 98041
Filing Status: MFJ
Dependent #1 Name: JEFFREY CHARITY
Relationship: SON
Dependent #2 Name: SAMUEL CHARITY
Relationship: SON
Dependent #1 Name: SANDRA CHARITY
Relationship: DAUGHTER
Total number of exemptions: 5
State wages: 43,460
Federal AGI: 45,818
Standard deduction:

Form W-2 #1:

b. Employer ID number: 56-1241111
c. Employer Name: WORKINGHARD INDUSTRIES
Address: 280 LABOR ST
City, State & Zip: FAITH, CA 98041
d. Employee SSN: 408-00-1021
e. Employee name first, m.i., last: TEST L CHARITY
f. Employee address & Zip: 923 HOPE CT
FAITH, CA 98041

Box 1 Wages, tips, etc.: 25,000
Box 2 Federal income tax withheld: 2,600
Box 3 Social security wages: 25,000
Box 4 Social security tax withheld: 1,550
Box 5 Medicare wages & tips: 25,000
Box 6 Medicare tax withheld: 363
Box 15 Pension plan: X
Box 16 State & state ID number: CA 962211
Box 17 State wages: 25,000
Box 18 State income tax withheld: 1,500
CASDI: 200

Form W-2 #2:

b. Employer ID number: 56-3046224
c. Employer Name: YOUR CAXT HOME REAL ESTATE
Address: 459 DWELLING AVE

City, State & Zip:	FAITH, CA 98041
d. Employee SSN:	408-00-2021
e. Employee Name:	MARY B CHARITY
f. Employee Address:	923 HOPE CT
City, State & Zip:	FAITH, CA 98041
Box 1 Wages, tips, etc:	18,460
Box 2 Federal income tax withheld:	1,430
Box 3 Social security wages:	18,460
Box 4 Social security tax withheld:	1,145
Box 5 Medicare wages & tips:	18,460
Box 6 Medicare tax withheld:	268
Box 15 Pension plan:	X
Box 16 State & state ID number:	CA 963754
Box 17 State wages:	18,460
Box 18 State income tax withheld:	800
CASDI:	147.68
FORM 3801:	
LINE 2a:	2,765 (GAIN FROM CHARITY & CHARITY REALTORS)
LINE 2b: -	3,766 (TOTAL LOSS FROM REAL ESTATE ENDEAVOR)
FORM 3803 #1:	
LINE A:	JEFFREY CHARITY
LINE B:	408-55-3021
LINE C:	X
LINE 1a:	2,400
LINE 1a LITERAL:	TAX-EXEMPT INTEREST 320
LINE 1b:	320
LINE 2a:	430
FORM 3803 #2:	
LINE A:	SAMUEL CHARITY
LINE B:	408-55-4021
LINE C:	X
LINE 1a:	1,860
LINE 2a:	750
FORM 3803 #3:	
LINE A:	SANDRA CHARITY
LINE B:	408-55-5021
LINE C:	X
LINE 1a:	3,575
LINE 1a LITERAL:	TAX-EXEMPT INTEREST 420
LINE 1b:	420
LINE 2a:	180

TEST #23

FORMS INCLUDED:

FORM 1040, FORM 1099-R (2), FORM G-1 (2)

FORM 1040:

First Name, Initial & Last Name:

TEST F STILES

Taxpayer SSN:

408-00-1023

Spouse First Name, Initial, & Last Name:

AGNES A STILES

Spouse Social Security Number:

408-00-2023

Home Address:

4664 COUSINS PL

City, State, & Zip:

TILLAMOOK, CA 95141

Filing Status:

MARRIED FILING JOINTLY

Dependent #1 Name:

BOBBY STILES

SSN:

408-55-3023

Relationship:

SON

Dependent #2 Name:

BILLY STILES

SSN:

408-55-4023

Dependent #1 Name:

BUDDY STILES

SSN:

408-55-5023

Relationship:

SON

Total number of exemptions:

5

Federal AGI:

20,384

Form 1099 #1:

Payer Name:

SECURITY RETIREMENT FUND

Address:

231 MAIN ST

City, State & Zip:

TILLAMOOK, CA 95141

Payer ID number:

93-1111111

Recipient ID number:

408-00-1023

Recipient Name:

TEST F STILES

Address:

4664 COUSINS PL

City, State & Zip:

TILLAMOOK, CA 95141

Box 1 (Gross distribution):

24,000

Box 2a (Taxable amount):

24,000

Box 2b (Total distribution):

X

Box 4 (Federal income tax withheld):

1,200

Box 7 (Distribution code):

7

Box 10 (State tax withheld):

600

Box 11 (State ID number):

CA 9395423

Box 12 (State distribution):

24,000

Form 1099 #2:

Payer Name:

ANCESTORS RETIREMENT FUND

Address:

122 CORAL STREET

City, State & Zip:

TILLAMOOK, CA 95141

Payer ID number:

93-1222222

Recipient ID number:

408-00-2023

Recipient Name:

AGNES A STILES

Address:

4664 COUSINS PL

City, State, & Zip:

TILLAMOOK, CA 95141

Box 1 (Gross distribution):

9,000

Box 2a (Taxable amount):	9,000
Box 4 (Federal income tax withheld):	600
Box 7 (Distribution code):	4
Box 9a (Your percentage of total distribution):	50
Box 10 (State tax withheld):	180
Box 11 (State ID number): CA 934255	
Box 12 (State distribution):	9,000
OTHER:	Use federal FORM 4972 to prepare the California Schedule G-1.

TEST #24

FORMS REQUIRED:

FRM 540, SCH CA, FRM 3805P(2), FRM W-2(2),
FRM 1099-R(2)

FORM 540:

Taspayer SSN:	408-00-1024
Spouse SSN:	408-00-2024
First Name, MI & Last Name:	TEST E RATT
Spouse First Name, MI, & Last Name:	WHARF B RATT
Home Address:	452 MOUSETRAP CT
City, State, & Zip:	CHEESETOWN, CA 95201
Filing Status:	MFJ
Total number of exemptions:	2
State Wages, tips, etc:	70,725
Federal AGI:	113,964
Itemized deduction:	
Tax on qualified retirement plan:	

Form W-2 #1:

b. Employer ID number:	23-3042555
c. Employer Name:	ALPHA ATHELETICS
Address:	64 CHEESETOWN PLAZA
City, State & Zip:	CHEESETOWN, CA 95201
d. Employee SSN:	408-00-1024
e. Employee Name:	TEST E RATT
f. Employee Address:	PO BOX 767
City, State & Zip:	CHEESETOWN, CA 95201
Box 1 Wages, tips, etc.:	47,500
Box 2 Federal income tax withheld:	8,500
Box 3 Social security wages:	47,500
Box 4 Social security tax withheld:	2,945
Box 5 Medicare wages & tips:	47,500
Box 6 Medicare tax withheld:	689
Box 15 Pension plan:	X
Box 16 State & State ID number:	CA 2301245
Box 17 State wages:	47,500
Box 18 State income tax withheld:	2,300
CASDI:	254.14

Form W-2 #2:

b. Employer ID number:	23-0001422
c. Employer Name:	A STITCH IN TIME
Address:	1643 OVERCAST WAY
City, State & Zip:	CHEESETOWN, CA 95201
d. Employee SSN:	408-00-2024
e. Employee Name:	WHARF B RATT
f. Employee Address:	PO BOX 767
City, State & Zip:	CHEESETOWN, CA 95201
Box 1 Wages, tips, etc.:	23,225

Box 2	Federal income tax withheld:	3,302
Box 3	Social security wages:	23,225
Box 4	Social security tax withheld:	1,440
Box 5	Medicare wages & tips:	23,225
Box 6	Medicare tax withheld:	337
Box 16	State & State ID number:	CA 2308547
Box 17	State wages:	23,225
Box 18	State income tax withheld:	1042
	CASDI:	185.80

Form 1099 #1:

Payer Name:	PROVOLONE RETIREMENT FUND	
Address:	11 CHEDDER TRAIL	
City, State & Zip:	CHEESETOWN, CA 95201	
Payer ID number:	23-8887775	
Recipient ID number:	408-00-1024	
Recipient Name:	TEST E RATT	
Address:	452 MOUSETRAP CT	
City, State, & Zip:	CHEESETOWN, CA 95201	
Box 1	Gross distribution:	28,000
Box 2a	Taxable amount:	28,000
Box 4	Federal income tax withheld:	2,800
Box 7	Distribution code:	1
	IRA/SEP:	X
Box 10	State tax withheld:	1,400
Box 11	State ID number:	CA 2304245
Box 12	State distribution:	28,000

Form 1099 #2:

Payer Name:	CURDS & WHEY FINANCIAL	
Address:	334 W MONTEREY JACK BLVD	
City, State & Zip:	CHEESETOWN, CA 95201	
Payer ID number:	23-8887776	
Recipient ID number:	408-00-2024	
Recipient Name:	WHARF B RATT	
Address:	452 MOUSETRAP CT	
City, State, & Zip:	CHEESETOWN, CA 95201	
Box 1	Gross distribution:	14,000
Box 2a	Taxable amount:	14,000
Box 4	Federal income tax withheld:	1,400
Box 7	Distribution code:	1
	IRA/SEP:	X
Box 10	State tax withheld:	700
Box 11	State ID number:	CA 23142955
Box 12	State distribution:	14,000

FRM 3805P #1:

NAME:	TEST E RATT
SSN:	408-00-1024
PART I:	
LINE 1:	28,000

FRM 3805P #2:

NAME:	WHARF B RATT
SSN:	408-00-2024
PART I:	

LINE 1:

14,000

TEST #30

FORMS REQUIRED:

FORM 540, SCH CA, FORM W-2 (2)

FORM 540:

First Name, MI & Last Name:

TEST A ITCHENNE

Taxpayer SSN:

400-00-1030

Spouse First Name, MI, & Last Name:

IMA B SCRATCHINNE

Spouse SSN:

408-00-2030

Home Address:

88 RELIEF AVE

City, State, & Zip:

MOSQUITOVILLE, CA 95042

Filing Status:

MFJ

Dependent #1 Name:

KNOTT ITCHENNE

Relationship:

SON

Dependent #2 Name:

CALAMEINE LOCHENNE

Relationship:

DAUGHTER

Dependent #3 Name:

RHETT RASCHE

Relationship:

DAUGHTER

Total number of exemptions:

5

State Wages, tips, etc :

121,731

Federal AGI:

132,868

Itemized or standard deduction :

Form W-2 #1:

b. Employer ID number:

03-1419846

c. Employer Name:

GOOD RIDDANCE PEST CONTROL

Address:

34 INSECT ALLEY

City, State & Zip:

MOSQUITOVILLE, CA 95042

d. Employee SSN:

408-00-1030

e. Employee Name:

TEST A ITCHENNE

f. Employee Address:

88 RELIEF AVE

City, State & Zip:

MOSQUITOVILLE, CA 95042

Box 1 State Wages, tips, etc :

37,210

Box 2 Federal income tax withheld :

6,955

Box 3 Social security wages :

37,210

Box 4 Social security tax withheld :

2,307

Box 5 Medicare wages & tips :

37,210

Box 6 Medicare tax withheld :

540

Box 15 Pension plan :

X

Box 16 State & state ID number :

CA 000-0371231-99

Box 17 State wages :

37,210

Box 18 State income tax withheld :

2,605

CASDI:

254

Form W-2 #2:

b. Employer ID number:

03-7838451

c. Employer Name:

EASY RESEARCH CENTER

Address:

3 DISCOVERY CTR

City, State & Zip:

MOSQUITOVILLE, CA 95042

d. Employee SSN:

408-00-2030

e. Employee Name:	IMA B SCRATCHINNE
f. Employee Address:	88 RELIEF AVE
City, State & Zip:	MOSQUITOVILLE, CA 95042
Box 1 Wages, tips, etc :	84,521
Box 2 Federal income tax withheld :	17,305
Box 3 Social security wages :	62,700
Box 4 Social security tax withheld :	3,887
Box 5 Medicare wages & tips :	84,521
Box 6 Medicare tax withheld :	1,226
Box 15 Pension plan :	X
Box 16 State & state ID number :	CA 000-0374922
Box 17 State wages :	84,521
Box 18 State income tax withheld :	5,917
VPDI	37.86
OTHER:	W-2 #2 has VPDI

TEST #33

FORMS REQUIRED:

FORM 540, SCH CA, FORM 3805,
FORM W-2, (3)

FORM 540:

Tazpayer SSN:	408-00-1033
Spouse SSN:	408-00-2033
First Name, Initial & Last Name:	TEST B STRANGE
Spouse First Name, Initial, & Last Name:	SHIRLEY S OTT
Home Address:	106 POETS CORNER
City, State, & Zip:	JOYCE, CA 95203
Filing Status:	MFJ
Total number of exemptions:	2
State wages:	115,000
Federal AGI:	184,399
Itemized or standard deduction:	
1996 estimated tax payments:	4,200
Excess State Disability Insurance (CASDI) withheld:	134

Form W-2 #1:

b. Employers ID number:	39-9191919
c. Employers Name:	PIGGY BANK II
Address:	88 OINK ST
City, State & Zip:	JOYCE, CA 95203
d. Employees SSN:	408-00-1033
e. Employees Name:	TEST B STRANGE
f. Employees Address:	106 POETS CORNER
City, State & Zip:	JOYCE, CA 95203
Box 1 Wages, tips, etc.:	48,000
Box 2 Federal income tax withheld:	12,430
Box 3 Social security wages:	48,000
Box 4 Social security tax withheld:	2,976
Box 5 Medicare wages & tips:	48,000
Box 6 Medicare tax withheld:	696
Box 15 Pension plan:	X
Box 16 State & State ID number:	CA 39987654
Box 17 State wages:	48,000
Box 18 State income tax withheld:	2,100
CASDI:	254

Form W-2 #2:

b. Employers ID number:	39-2422218
c. Employers Name:	PICCHU, LARR, AND OTT PA
Address:	900 HEMLOCK DR
City, State & Zip:	JOYCE, CA 95203
d. Employees SSN:	408-00-2033
e. Employees Name:	SHIRLEY S OTT
f. Employees Address:	106 POETS CORNER

City, State & Zip:	JOYCE, CA 95203
Box 1 Wages, tips, etc.:	50,000
Box 2 Federal income tax withheld:	10,314
Box 3 Social security wages:	54,000
Box 4 Social security tax withheld:	3,348
Box 5 Medicare wages & tips:	54,000
Box 6 Medicare tax withheld:	783
Box 13 See instructions:	D 4000
Box 15 Deferred compensation:	X
Box 16 State & State ID number:	CA 39654321 002
Box 17 State wages:	50,000
Box 18 State income tax withheld:	2,300
CASDI:	254
Form W-2 #3:	
b. Employers ID number:	39-1243117
c. Employers Name:	WEERD AND WEERD
Address:	800 HEMLOCK DR
City, State, & Zip:	JOYCE, CA 95203
d. Employees SSN:	408-00-2033
e. Employees Name:	SHIRLEY S OTT
f. Employees Address:	106 POETS CORNER
City, State & Zip:	JOYCE, CA 95203
Box 1 Wages, tips, etc.:	17,000
Box 2 Federal income tax withheld:	3,230
Box 3 Social security wages:	17,000
Box 4 Social security tax withheld:	1,054
Box 5 Medicare wages & tips:	17,000
Box 6 Medicare tax withheld:	247
Box 15 Pension plan:	X
Box 16 State & State ID number:	CA 3944444
Box 17 State wages:	17,000
Box 18 State income tax withheld:	620
CASDI:	134
OTHER:	EXCESS CASDI (MULTIPLE EMPLOYERS)

TEST #34

FORMS REQUIRED:

FORM 540, SCH CA, FORM W-2 (2)

FORM 540:

Taxpayer SSN:	408-00-1034
Spouse SSN:	408-00-2034
First Name, Initial & Last Name:	TEST S OFFSPRING
Spouse First Name, Initial, & Last Name:	PATRICIA S OFFSPRING
Home Address:	3 JAMES CACHAEL BRANCH
City, State, & Zip:	ELIZABETH, CA 95143
Filing Status:	MFJ
Total number of exemptions:	2
State wages:	65,136
Unemployment compensation - Literal:	REPAYMENT 200
Unemployment compensation:	2,565
Federal Adjusted gross income:	69,954
Itemized or standard deduction:	

Form W-2 #1:

b. Employer identification number:	55-3543642
c. Employer Name:	PARTS IS PART INC
Address:	78A MANUFACTURING COMPLEX
City, State & Zip:	ELIZABETH, CA 95143
d. Employee SSN:	408-00-1034
e. Employee Name:	TEST S OFFSPRING
f. Employee Address :	3 JAMES CACHAEL BRANCH
City, State & Zip:	ELIZABETH, CA 95143
Box 1 Wages, tips, etc:	33,854
Box 2 Federal income tax withheld:	5,204
Box 3 Social security wages:	33,854
Box 4 Social security tax withheld:	2,099
Box 5 Medicare wages & tips:	33,854
Box 6 Medicare tax withheld:	491
Box 16 State & state ID number:	CA 050553213
Box 17 State wages:	33,854
Box 18 State income tax withheld:	1,250
CASDI:	254

Form W-2 #2:

b. Employer identification number:	55-9123412
c. Employer Name:	OLD FOLKS HOME
Address:	99 BROKEN DOWN LN
City, State & Zip:	ELIZABETH, CA 95143
d. Employee SSN:	408-00-2034
e. Employee Name:	PATRICIA S OFFSPRING
f. Employee Address:	3 JAMES CACHAEL BRANCH
City, State & Zip:	ELIZABETH, CA 95143
Box 1 Wages, tips, etc:	31,282
Box 2 Federal income tax withheld:	4,615
Box 3 Social security wages:	31,282
Box 4 Social security tax withheld:	1,939
Box 5 Medicare wages & tips:	31,282

Box 6 Medicare tax withheld:	454
Box 16 State & state ID number:	CA 553144
Box 17 State wages:	31,282
Box 18 State income tax withheld:	1,189
CASDI:	250
OTHER:	Unemployment insurance

TEST #35

FORMS REQUIRED:

FORM 540, SCH CA, W-2 (1)

FORM 540:

First Name, Initial & Last Name:	TEST H POLE
Taxpayer SSN:	408-00-1035
Spouse First Name, Initial, & Last Name:	NORTH W POLE
Spouse SSN:	408-00-2035
Home Address:	1 THAT GOTTA WAY
City, State, & Zip:	TROUT CREEK, CA 95847
Filing Status:	MFJ
Total number of exemptions:	2
State Wages:	0
Federal AGI:	26,149
Itemized or standard deduction:	
1996 estimated tax payments:	150
Applied to 1997 estimated tax:	125

Form W-2 #1:

b. Employer identification number:	11-4124234
c. Employer Name:	FOUR SQUARE INSURANCE AGENCY
Address:	25 POWERS ST
City, State & Zip:	TROUT CREEK, CA 95847
d. Employee SSN:	408-00-1035
e. Employee Name:	TEST H POLE
f. Employee Address:	1 THAT GOTTA WAY
City, State & Zip:	TROUT CREEK, CA 95847
Box 1 Wages, tips, etc:	37,000
Box 2 Federal income tax withheld:	1,600
Box 3 Social security wages:	37,000
Box 4 Social security tax withheld:	2,294
Box 5 Medicare wages & tips:	37,000
Box 6 Medicare tax withheld:	537
Box 15 Statutory employee:	X
Box 16 State & state ID number:	CA 9142411
Box 17 State wages:	37,000
Box 18 State income tax withheld:	850

OTHER:

TEST H POLE IS FOR STATUTORY EMPLOYEE

TEST #37

FORMS REQUIRED:

FORM 540, SCH D, FORM W-2 (2)

FORM 540:

Taxpayer SSN:	408-00-1037
Spouse SSN:	408-00-2037
First Name, Initial & Last Name:	TEST B LEE
Spouse First Name, Initial, & Last Name:	REGINA G O'BRIEN
Home Address:	98 1/2 BRIA ST
City, State, & Zip:	BURNS CORNER, CA 95001
Filing Status:	MFJ
Total number of exemptions:	2
State Wages:	175,271
Federal AGI:	183,486
Itemized or standard deduction:	
State income tax withheld:	6,598

Form W-2 #1:

b. Employer identification number:	52-9853155
c. Employer Name:	BURNS CORNER MEDICAL CENTER
Address & Zip:	4A EAST MEDICAL BLDG
City, State & Zip:	BURNS CORNER CA 95001
d. Employee SSN:	408-00-1037
e. Employee Name:	TEST B LEE
f. Employee Address:	98 1/2 BRIA ST
City, State & Zip:	BURNS CORNER, CA 95001
Box 1 Wages, tips, etc.:	94,256
Box 2 Federal income tax withheld:	23,641
Box 3 Social security wages:	62,700
Box 4 Social security tax withheld:	3,887
Box 5 Medicare wages & tips:	94,256
Box 6 Medicare tax withheld:	1,367
Box 15 Pension plan:	X
Box 16 State & state ID number:	CA 926403
Box 17 State wages:	94,256
Box 18 State income tax withheld:	12,497
CASDI:	254

Form W-2 #2:

b. Employer identification number:	52-9762451
c. Employer Name:	BRAINIAC UNIVERSITY
Address:	1000 STAFF BLDG
City, State & Zip:	BURNS CORNER, CA 95001
d. Employee SSN:	408-00-2037
e. Employee Name:	REGINA G O'BRIEN
f. Employee Address:	98 1/2 BRIA ST
City, State & Zip:	BURNS CORNER, CA 95001
Box 1 Wages, tips, etc.:	81,015
Box 2 Federal income tax withheld:	19,444
Box 3 Social security wages:	62,700
Box 4 Social security tax withheld:	3,887
Box 5 Medicare wages & tips:	84,265

Box 6 Medicare tax withheld:	1,222
Box 13 See instructions:	D 3250
Box 15 Deferred compensation:	X
Box 16 State & state ID number:	CA 92956
Box 17 State wages:	81,015
Box 18 State income tax withheld:	5,899
CASDI:	254

OTHER:	Federal 1040 attached indicator should be set. Federal return data should be attached.
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TEST #39

FORMS REQUIRED:

FORM 540, FORM W-2 (1)

FORM 540:

TaxpayerSSN:	408-00-1039
Spouse SSN:	408-00-2039
First Name, Initial & Last Name:	TEST H SWEETTOOTH
Spouse First Name, Initial, & Last Name:	CANDEE M SWEETTOOTH
Home Address:	11 CHOCOLATE SQ
City, State, & Zip:	SUGAR CITY, CA 95076
Filing Status:	MFJ
Dependents - Literal:	STATEMENT #1
Dependent #1 Name:	CUPCAKE SWEETTOOTH
Relationship:	DAUGHTER
Dependent #2 Name:	DUMPLING SWEETTOOTH
Relationship:	DAUGHTER
Dependent #3 Name:	CREAMPUFF SWEETTOOTH
Relationship:	DAUGHTER
Dependent #4 Name:	COOKIE SWEETTOOTH
Relationship:	SON
Dependent #5 Name:	SWEETEE PI
Relationship:	PARENT
Dependent #6 Name:	PEACHEE PI
Relationship:	PARENT
Dependent #7 Name:	KRISTOPHER SCHWARZENDRUBER
Relationship:	SON
Dependent #8 Name:	KATHERINE SCHWARZENDRUBER
Relationship:	DAUGHTER
Number of children who lived with you:	4
Number of children who did not live with you:	2
Number of other dependents:	2
Total number of exemptions:	10
State wages:	21,800
Federal AGI:	18,800
Standard deduction	
1996 estimated tax payments:	100
Form W-2 #1:	
b. Employer identification number:	84-0243424
c. Employer Name:	FIRST CHURCH OF SUGAR CITY
Address:	1616 PEACHTREE ST
City, State & Zip:	SUGAR CITY, CA 95076
d. Employee SSN:	408-00-1039
e. Employee Name:	TEST H SWEETTOOTH
f. Employee Address:	11 CHOCOLATE SQ
City, State & Zip:	SUGAR CITY, CA 95076
Box 1 Wages, tips, etc:	21,800
Box 16 State & state ID number:	CA 8401123
Box 17 State wages:	21,800
Box 18 State income tax withheld:	143
CASDI:	174

OTHER:

Federal 1040 attached indicator should be set.
Federal return data should be attached.

TEST # 40

FORMS REQUIRED:

FORM 540, SCH CA, FORM 3526, FORM 3801,
FORM 5870A, FORM W-2G

FORM 540:

Taxpayer SSN:	408-00-1040
First Name, Initial & Last Name:	TEST M EDGEWOOD
Home Address:	86 OUTSIDE CIR
City, State, & Zip:	PERIMETERSCENTERSVILLE, CA 90555-0086
Filing Status:	SINGLE
Total number of exemptions:	1
Unemployment compensation:	5,200
Other income (Lottery):	120,000
Federal AGI:	141,129
Itemized or standard deduction:	
Additional tax (5870A):	
1996 estimated tax payments:	600

Form W-2G #1:

Payer Name:	STATE OF CALIFORNIA LOTTERY
Address:	234 JIMMY CARTER BLVD
City, State, & Zip:	ATLANTA, CA 95601
Payer identification number:	58-0011435
Winner Name:	TEST M EDGEWOOD
Address:	PO BOX 11843
City, State & Zip:	ATLANTA, CA 95601
Box 1 Gross winnings:	120,000
Box 2 Federal income tax withheld:	33,600
Box 3 Type of wager:	LOTTERY
Box 4 Date of winnings:	06-15-96
Box 9 Winner taxpayer ID no:	408-00-1040
Box 13 State & state ID number:	CA 9800011
Box 14 State income tax withheld:	12,000

FORM 3526:

LINE 1:	540
LINE 4:	18,886

FORM 5870A:

LINE A:	TEST M EDGEWOOD
LINE B:	408-00-1040
LINE C:	TRUST KNOW WAN
	64 W PARKWAY
	MARIETTA, GA 30303
LINE D:	58-4500001
LINE E:	DOMESTIC
LINE F:	02-08-46
	LINE G: 1

PART I:

LINE 1:	12,000
LINE 4:	200
LINE 6:	120
LINE 8:	5

LINE 11: 5

LINE 13:	(a)	(b)	(c)	(d)	(e)
	64,300	62,100	54,300	87,600	36,000
	95	94	93		

LINE 14:	64,300	62,100	54,300		
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LINE 17:	15,999	15,439	13,153		
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LINE 18:	15,209	14,648	12,363		
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FORM 3801:

LINE 1a:	3,200
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LINE 1b:	6,375
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LINE 2a:	11,529
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LINE 2b:	14,300
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LINE 6:	144,086
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OTHER: FTB5870A box should be checked.
Lottery winnings are from the State of California.
Taxpayer made estimate payments.
Unemployment Compensation.